

TAXABLE YEAR **2019** California Exempt Organization Annual Information Return

FORM

**199**

Calendar Year 2019 or fiscal year beginning (mm/dd/yyyy) , and ending (mm/dd/yyyy)

Corporation/Organization name **END VIOLENCE AGAINST WOMEN INTERNATIONAL (EVAWI)** California corporation number **2490993**

Additional information. See instructions. FEIN **75-3095110**

Street address (suite or room) **145 S MAIN STREET** PMB no.

City **COLVILLE** State **WA** Zip code **99114**

Foreign country name Foreign province/state/county Foreign postal code

A First Return [ ] Yes [X] No
B Amended Return [ ] Yes [X] No
C IRC Section 4947(a)(1) trust [ ] Yes [X] No
D Final Information Return? [ ] Dissolved [ ] Surrendered (Withdrawn) [ ] Merged/Reorganized
E Check accounting method: (1) [ ] Cash (2) [X] Accrual (3) [ ] Other
F Federal return filed? (1) [ ] 990T (2) [ ] 990PF (3) [ ] Sch H (990) (4) [ ] Other 990 series
G Is this a group filing? See instructions [ ] Yes [X] No
H Is this organization in a group exemption [ ] Yes [X] No
I Did the organization have any changes to its guidelines not reported to the FTB? See instructions. [ ] Yes [X] No
J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. [ ] Yes [X] No
K Is the organization exempt under R&TC Section 23701g? [ ] Yes [X] No
L If organization is a public charity exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required. [ ]
M Is the organization a Limited Liability Company? [ ] Yes [X] No
N Did the organization file Form 100 or Form 109 to report taxable income? [ ] Yes [X] No
O Is the organization under audit by the IRS or has the IRS audited in a prior year? [ ] Yes [X] No
P Is federal Form 1023/1024 pending? [ ] Yes [X] No

Part I Complete Part I unless not required to file this form. See General Information B and C.

Table with 4 columns: Description, Line Number, Amount, and Balance. Rows include Receipts and Revenues (lines 1-8), Expenses (lines 9-10), and Filing Fee (lines 11-17). Total balance due is 10.00.

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Signature of officer, Title CEO, Date, Telephone 509-684-9800

Paid Preparer's Use Only Preparer's signature, Date 04/16/2020, Check if self-employed [ ], PTIN P00951009, Firm's name DINGUS, ZARECOR & ASSOCIATES, PLLC, 12015 E MAIN AVE, SPOKANE VALLEY, WA 99206, Firm's FEIN 20-0079326, Telephone 509-242-0874

May the FTB discuss this return with the preparer shown above? See instructions [X] Yes [ ] No

**END VIOLENCE AGAINST WOMEN**  
75-3095110

**Part II** Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	●	1	1,161,628	00	
	2	Interest	●	2	26,856	00	
	3	Dividends	●	3		00	
	4	Gross rents	●	4		00	
	5	Gross royalties	●	5		00	
	6	Gross amount received from sale of assets (See Instructions)	●	6		00	
	7	Other income. Attach schedule <b>SEE STATEMENT 1</b>	●	7	14,960	00	
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8	1,203,444	00	
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule <b>SEE STATEMENT 2</b>	●	9	562,725	00	
	10	Disbursements to or for members	●	10		00	
	11	Compensation of officers, directors, and trustees. Attach schedule <b>SEE STATEMENT 3</b>	●	11	145,000	00	
	12	Other salaries and wages	●	12	514,306	00	
	<b>Expenses and Disbursements</b>	13	Interest	●	13		00
		14	Taxes	●	14		00
		15	Rents	●	15	23,560	00
		16	Depreciation and depletion (See instructions)	●	16		00
		17	Other Expenses and Disbursements. Attach schedule <b>SEE STATEMENT 4</b>	●	17	1,184,728	00
		18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	2,430,319	00

**Schedule L Balance Sheet**

	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash		404,463	●	596,602
2 Net accounts receivable		365,220	●	407,925
3 Net notes receivable			●	
4 Inventories			●	
5 Federal and state government obligations <b>STMT 5</b>		753,115	●	1,007,107
6 Investments in other bonds			●	
7 Investments in stock			●	
8 Mortgage loans			●	
9 Other investments. Attach schedule			●	
10 <b>a</b> Depreciable assets				
<b>b</b> Less accumulated depreciation				
11 Land			●	
12 Other assets. Attach schedule <b>STMT 6</b>		118,076	●	40,169
13 <b>Total assets</b>		1,640,874		2,051,803
<b>Liabilities and net worth</b>				
14 Accounts payable		79,163	●	98,280
15 Contributions, gifts, or grants payable			●	
16 Bonds and notes payable			●	
17 Mortgages payable			●	
18 Other liabilities. Attach schedule <b>STMT 7</b>		257,520		417,503
19 Capital stock or principal fund			●	
20 Paid-in or capital surplus. Attach reconciliation			●	
21 Retained earnings or income fund		1,304,191	●	1,536,020
22 <b>Total liabilities and net worth</b>		1,640,874		2,051,803

**Schedule M-1 Reconciliation of income per books with income per return**

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000

1	Net income per books	●	231,829	7	Income recorded on books this year not included in this return. Attach schedule <b>SEE STMT 9</b>	●	39,805
2	Federal income tax	●		8	Deductions in this return not charged against book income this year. Attach schedule	●	
3	Excess of capital losses over capital gains	●		9	<b>Total.</b> Add line 7 and line 8		39,805
4	Income not recorded on books this year. Attach schedule	●		10	Net income per return. Subtract line 9 from line 6		204,514
5	Expenses recorded on books this year not deducted in this return. Attach schedule <b>STMT 8</b>	●	12,490				
6	<b>Total.</b> Add line 1 through line 5		244,319				

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

**2019**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

**End Violence Against Women  
International (EVAWI)**

Employer identification number

**75-3095110**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ .....

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

**End Violence Against Women**

Employer identification number

**75-3095110**

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Sorenson Legacy Foundation 6900 South 900 East, #230 Midvale UT 84047	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Uber Technologies, Inc 1717 Rhode Island Ave NW, Ste #400 Washington DC 20036	\$ 35,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Tavan L. R. Pechet 218 Main Street #780 Kirkland WA 98033	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	US Department of Justice 950 Pennsylvania Avenue NW Washington DC 20530	\$ 1,329,708	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

**Statement 1 - Form 199, Part II, Line 7 - Other Income**

<u>Description</u>	<u>Amount</u>
Credit card points	\$ <u>14,960</u>
Total	\$ <u><u>14,960</u></u>

## California Statements

**Statement 2 - Form 199, Part II, Line 9 - Contributions, Gifts, Grants, and Similar Amounts**

PSA	Class	Name	Address	City	State	Zip		
Relationship	Status	Purpose	Amount	Noncash Description	FMV Explanation	Book Value Amount	Book Value Explanation	Date
1		TechVoice, Inc. (Ten8Tech)	PO Box 27136		San Diego		CA	92198
		Victim link platform	130,000					
1		World Two Systems	PO Box 471		Grantham		NH	03753
		Virtual Practicum	162,725					
1		Zapdot, Inc.	36 Larrobee Street		Melrose		MA	02176
		Virtual Practicum	270,000					
1	Subtotal							
			\$ 562,725					
	Total		\$ 562,725					

**Statement 3 - Form 199, Part II, Line 11 - Officer Compensation**

Name	Address						
City	State	Zip	Title	Avg Hrs	Compensation Amount		
Ann Burdges	145 S Main Street	WA	99114	President	6.00		
Aurelia Sands Belle	145 S Main Street	WA	99114	Vice President	2.00		
Diana Faugno	145 S Main Street	WA	99114	Treasurer	3.00		
Catherine Johnson	145 S Main Street	WA	99114	Secretary	5.00		
Varsha N	145 S Main Street	WA	99114	Director	3.00		
Beya Thayer	145 S Main	WA	99114	Director	3.00		
Richard Mankewich	145 S Main	WA	99114	Director	3.00		
Pete Lewis	145 S Main	WA	99114	Director	2.00		
Elizabeth Donegan	145 S Main Street	WA	99114	Director	1.00		
Elizabeth Gallus	145 S Main Street	WA	99114	Director	1.00		

**Statement 3 - Form 199, Part II, Line 11 - Officer Compensation (continued)**

Name		Address			Title	Avg Hrs	Compensation Amount
	City	State	Zip				
Eugenia Barr	Colville	145 S Main WA	99114	Director		1.00	
Joanne Archambault	Colville	145 S Main Street WA	99114	CEO		60.00	145,000
Total							<u>145,000</u>

**Statement 4 - Form 199, Part II, Line 17 - Other Expenses**

Description	Amount
Other employee benefits	\$ 91,299
Payroll taxes	62,699
Accounting services	19,701
Other professional services	136,863
Travel	66,912
Conference & meetings	644,533
Bad debt expense	14,645
Other expense	11,765
Retirement plan	26,626
Advertising & promotion	22,315
Office expense	70,131
Insurance	4,249
Subscriptions	12,990
Total	<u>\$ 1,184,728</u>

**Statement 5 - Form 199, Schedule L, Line 5 - Federal and State Government**

Description	Beginning of Year	End of Year
Ameriprise Investment	\$ 753,115	\$ 1,007,107
Total	<u>\$ 753,115</u>	<u>\$ 1,007,107</u>

**Statement 6 - Form 199, Schedule L, Line 12 - Other Assets**

Description	Beginning of Year	End of Year
Prepaid Expenses	\$ 118,076	\$ 40,169
Total	<u>\$ 118,076</u>	<u>\$ 40,169</u>

**Statement 7 - Form 199, Schedule L, Line 18 - Other Liabilities**

Description	Beginning of Year	End of Year
Deferred Revenue	\$ 257,520	\$ 417,503
Total	<u>\$ 257,520</u>	<u>\$ 417,503</u>

**Statement 8 - Form 199, Schedule M-1, Line 5 - Expenses Recorded on Books**

Description	Amount
Donated services	\$ 12,490
Total	<u>\$ 12,490</u>



**Statement 9 - Form 199, Schedule M-1, Line 7 - Income Recorded on Books**

Description	Amount
Net unrealized gains	\$ 27,315
Donated services	<u>12,490</u>
Total	<u>\$ 39,805</u>

**California Financial Transaction Record**

Form **199**

**2019**

For calendar year 2019, or tax year beginning , and ending

Name <b>END VIOLENCE AGAINST WOMEN INTERNATIONAL (EVAWI)</b>	California Corporation Number <b>2490993</b>	Employer Identification Number <b>75-3095110</b>
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**Electronic Funds Withdrawal**

This record is included with the California electronic file for taxpayers who elect to pay their tax balance by electronic funds withdrawal

Electronic Funds Withdrawal (Direct Debit) .....

Routing Transit Number ..... **125008547**

Bank Account Number ..... **6757564668**

Type of Account ..... **CHECKING**

Taxpayer Phone Number ..... **509-684-9800**

Requested Payment Date ..... **05/15/20**

Amount of Tax Payment ..... **10**

**DO NOT SUBMIT THIS DOCUMENT TO THE CALIFORNIA FRANCHISE TAX BOARD**